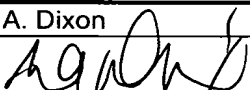


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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. VPI/02-131 US	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		First Inventor Jean-Damien Charrier	
		Title Caspase Inhibitors and Uses Thereof	
		Express Mail Label No. EV 330 994 595 US	
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 100] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure		a. <input type="checkbox"/> Computer Readable Form (CRF)	
4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets]		b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper	
5. Oath or Declaration [Total Pages 3] a. <input checked="" type="checkbox"/> UNEXECUTED DECLARATION (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		c. <input type="checkbox"/> Statements verifying identity of above copies	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		ACCOMPANYING APPLICATIONS PARTS	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: Prior application information: Examiner Group / Art Unit:		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney	
		11. <input type="checkbox"/> English Translation Document (if applicable)	
		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
		13. <input type="checkbox"/> Preliminary Amendment	
		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
		16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
		17. <input checked="" type="checkbox"/> Other: Express Mail Page	
19. CORRESPONDENCE ADDRESS			
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		or <input type="checkbox"/> Correspondence address below	
Name Lisa A. Dixon Vertex Pharmaceuticals Incorporated			
Address 130 Waverly Street			
City Cambridge	State Massachusetts	Zip Code 02139-4242	
Country USA	Telephone (617) 444-6396	Fax (617) 444-6483	
Name (Print/Type) Lisa A. Dixon		Registration No. (Attorney/Agent) 40,995	
Signature 		Date December 22, 2003	

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Attorney Docket No.: VPI/02-131 US

Certificate Of Mailing Under 37 C.F.R. § 1.10

Express Mailing No. EV 330 994 595 US **Date of Deposit:** December 22, 2003

I hereby certify that the following documents:

1. Utility Patent Application Transmittal;
2. Specification: 100 pages (Desc. 85 pgs, Claims 14 pgs., Abstract 1 pg); and
3. Unexecuted Declaration and Power of Attorney document (3 pages);
4. Return postcard receipt.

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above and is addressed to the MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Karen DiRocco

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Karen DiRocco

(signature of person mailing document(s))